

Section 6.0

Business Owner/Operation Identification Manual

LONG BEACH GENERATION LLC

*2665 West Seaside Blvd.
Long Beach, CA 90802*

Phone: 562.983.2691

FAX: 562.983.2692

March 1, 2005

City of Long Beach Bureau Fire Prevention
925 Harbor Plaza, Suite 100
Long Beach, CA 90802

Subject: Long Beach Generation LLC
2005 Business Plan Update

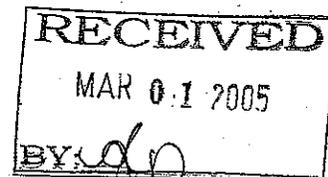
To Whom It May Concern:

This letter is to certify pursuant to the California Health and Safety Code Section 25505 (c) that the Emergency Business Plan for the Long Beach Generation LLC, 2665 Seaside Boulevard, has been reviewed for necessary changes.

As required under Section 25505 (c), the following hazardous materials were removed from the Business Plan Inventory: 1) Sodium Hydroxide 50% (caustic); 2) Hydroquinone- (Protect-5500); 3) Conntect-5000 (gas turbine compressor cleaner); 4) Ammonium Hydroxide (aqueous ammonia); 5) Chelant (Boilerguard 4520); 6) Brine (salt); 7) Propane; 8) Hydrogen; 9) Oxides of Nitrogen Mix (EPA Protocol mix gasses); and 10) ZOK-27 (cleaner). In addition to this the inventory amount for petroleum distillates lubricating oil was substantially reduced.

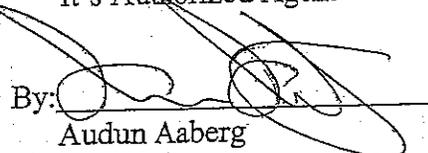
Long Beach Generation LLC ceased commercial operation effective January 1, 2005. However the once thru cooling water system subject to NPDES Permit discharge requirements continues to operate on a normal basis.

Long Beach Generation LLC has removed from the Business Plan Inventory the above stated materials. It is the intent of Long Beach Generation LLC to continue downsizing the Business Plan Inventory, until a basic non-commercial operation hazardous material inventory is established.



If you have any questions regarding this matter, please call Alex Sanchez at (310) 615-6351.

Sincerely,
Long Beach Generation, LLC
By: NRG Long Beach Operations Inc.,
It's Authorized Agent

By: 
Audun Aaberg
Regional Manager

Attachment
2 D 26

LONG BEACH GENERATION LLC
2665 West Seaside Blvd.
Long Beach, CA 90802

Phone: 562.983.2691
FAX: 562.983.2692

March 1, 2005

Nelson Kerr
Manager Bureau of Environmental Health
2525 Grand Avenue
Long Beach, CA 90815

Subject: Long Beach Generation LLC
2005 Business Plan Update



To Whom It May Concern:

This letter is to certify pursuant to the California Health and Safety Code Section 25505 (c) that the Emergency Business Plan for the Long Beach Generation LLC, 2665 Seaside Boulevard, has been reviewed for necessary changes.

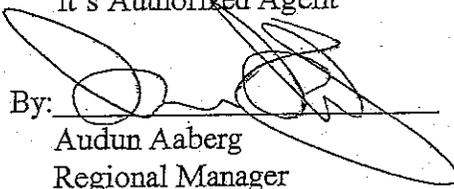
As required under Section 25505 (c), the following hazardous materials were removed from the Business Plan Inventory: 1) Sodium Hydroxide 50% (caustic); 2) Hydroquinone- (Protect-5500); 3) Conntect-5000 (gas turbine compressor cleaner); 4) Ammonium Hydroxide (aqueous ammonia); 5) Chelant (Boilerguard 4520); 6) Brine (salt); 7) Propane; 8) Hydrogen; 9) Oxides of Nitrogen Mix (EPA Protocol mix gasses); and 10) ZOK-27 (cleaner). In addition to this the inventory amount for petroleum distillates lubricating oil was substantially reduced.

Long Beach Generation LLC ceased commercial operation effective January 1, 2005. However the once thru cooling water system subject to NPDES Permit discharge requirements continues to operate on a normal basis.

Long Beach Generation LLC has removed from the Business Plan Inventory the above stated materials. It is the intent of Long Beach Generation LLC to continue downsizing the Business Plan Inventory, until a basic non-commercial operation hazardous material inventory is established.

If you have any questions regarding this matter, please call Alex Sanchez at (310) 615-6351.

Sincerely,
Long Beach Generation, LLC
By: NRG Long Beach Operations Inc.,
It's Authorized Agent

By: 
Audun Aaberg
Regional Manager

Attachment
2 D 26

UNIFIED PROGRAM CONSOLIDATED FORM
BUSINESS OWNER/OPERATOR IDENTIFICATION

NEW BUSINESS OUT OF BUSINESS REVISE/UPDATE (EFFECTIVE / /) PAGE 1 OF 1

I. IDENTIFICATION

FACILITY ID#	1	BEGINNING DATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3.	BUSINESS PHONE	
LONG BEACH GENERATION LLC				(562) 983-2691	
BUSINESS SITE ADDRESS					
2665 WEST SEASIDE BLVD.					
CITY	104	CA	105	ZIP CODE	90802
DUN & BRADSTREET	106	SIC CODE (4 digit #)		4911	107
COUNTY	108	UNINCORPORATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		133a.	
BUSINESS OPERATOR NAME			109	BUSINESS OPERATOR PHONE	
EL SEGUNDO OPERATIONS, INC.				(310) 615-6387	

II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE	112		
LONG BEACH GENERATION LLC.		(562) 983-2601			
OWNER MAILING ADDRESS					
2665 W. SEASIDE BLVD.					
CITY	114	STATE	115	ZIP CODE	116
LONG BEACH		CA		90802	

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	CONTACT PHONE	118		
ALEX SANCHEZ/STEVE ODABASHIAN		(310) 615-6351/(310) 615-6331			
CONTACT MAILING ADDRESS					
301 VISTA DEL MAR					
CITY	120	STATE	121	ZIP CODE	122
EL SEGUNDO		CA		90245	

IV. EMERGENCY CONTACTS

-PRIMARY-		-SECONDARY-	
NAME	123	NAME	128
VARIOUS		ALEX SANCHEZ/STEVE ODABASHIAN	
TITLE	124	TITLE	129
SHIFT SUPERVISOR		ENVIRONMENTAL SUPERVISORS	
BUSINESS PHONE	125	BUSINESS PHONE	130
(310) 615-6303		(310) 615-6351 OR 615-6331	
24-HOUR PHONE	126	24-HOUR PHONE	131
(310) 615-6313		(310) 529-3280 OR 529-3281	
PAGER #	127	PAGER #	132
N/A		N/A	

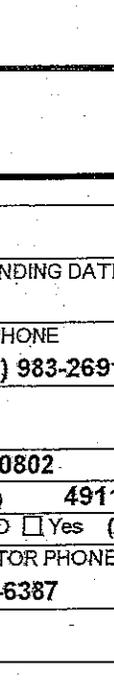
V. ADDITIONAL LOCALLY COLLECTED INFORMATION

NUMBER OF EMPLOYEES	6	133b	FEDERAL TAX IDENTIFICATION NUMBER	41-192 9997	133c
---------------------	---	------	-----------------------------------	-------------	------

MAILING/ BILLING INFORMATION

ADDRESS	133d	CITY	133e	STATE	133f	ZIP CODE	133g
2665 W. SEASIDE BLVD.		LONG BEACH		CA		90802	

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
	5/1/05		ALEX SANCHEZ	
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137	
AUDUN AABERG		REGIONAL PLANTS MANAGER		

OFFICIAL USE ONLY	UPCF	HW	HM	ARP	AST	UST	TP	CUPA	PA
INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION				

UNIFIED PROGRAM CONSOLIDATED FORM

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1	EPA ID # (Hazardous Waste Only)	2
		CAR 000037705	

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)

LONG BEACH GENERATION LLC

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page.**

Does your facility...	If Yes, please complete these pages of the UPCF....
-----------------------	---

<p>A. HAZARDOUS MATERIALS</p> <p>Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	<p>4 HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION</p> <p>4 CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s))</p> <p>4 TRAINING PLAN</p>
---	---	---

<p>B. UNDERGROUND STORAGE TANKS (USTs)</p> <p>1. Own or operate underground storage tanks?</p> <p>2. Intend to upgrade existing or install new USTs?</p> <p>3. Need to report closing a UST?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	<p>4 UST FACILITY</p> <p>4 UST TANK (one page per tank)</p> <p>4 UST FACILITY</p> <p>4 UST TANK (one per tank)</p> <p>4 UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)</p> <p>4 UST TANK (closure portion - one page per tank)</p>
---	---	--

<p>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</p> <p>Own or operate ASTs above these thresholds: --any tank capacity is greater than 660 gallons, or --the total capacity for the facility is greater than 1,320 gallons?</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 8	<p>NO FORM REQUIRED TO CUPAs</p>
--	---	----------------------------------

<p>D. HAZARDOUS WASTE</p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?</p> <p>3. Treat hazardous waste on site?</p> <p>4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?</p> <p>5. Consolidate hazardous waste generated at a remote site?</p> <p>6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	<p>4 EPA ID NUMBER - provide at the top of this page.</p> <p>4 As a generator, answer YES to Item E2b and complete Waste Generator Form.</p> <p>4 RECYCLABLE MATERIALS REPORT</p> <p>4 ONSITE HAZARDOUS WASTE TREATMENT - FACILITY</p> <p>4 ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit)</p> <p>4 CERTIFICATION OF FINANCIAL ASSURANCE</p> <p>4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION</p> <p>4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION</p>
--	---	--

E. LOCAL REQUIREMENTS

<p>1. REGULATED SUBSTANCES</p> <p>Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP)?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15a	<p>In addition to Hazardous Materials requirements, complete:</p> <p>4 Regulated Substance Registration</p> <p>4 Risk Management Plan (when required)</p>
---	---	---

<p>2. OTHER REQUIREMENTS</p> <p>a. Have hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?</p> <p>b. Required by a CUPA or PA to provide other information?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15b <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15c	<p>4 Consult local CUPA or PA for added reporting requirements.</p> <p>4 Waste Generator Form (LA County)</p>
--	--	---

OFFICIAL USE ONLY	UPCF	HW	HM	ARP	AST	UST	TP	CUPA	PA
-------------------	------	----	----	-----	-----	-----	----	------	----

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

I. FACILITY IDENTIFICATION

BUSINESS NAME LONG BEACH GENERATION LLC		3	FACILITY ID # 1
SITE ADDRESS 2665 W. SEASIDE BLVD.	103	CITY LONG BEACH	104 ZIP CODE 105 90802

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ⊗ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ⊗ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ⊗ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials which could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- ⊗ the plan fails in an emergency,
- ⊗ the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- ⊗ the list of emergency coordinators changes, or
- ⊗ the list of emergency equipment changes.

This format is designed to minimize duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

ALL COPIES ARE FILED IN THE CONTROL ROOM, ENVIRONMENTAL OFFICE, AND IN FILES LOCATED IN FILING ROOM EAST OF THE ADMINISTRATION BUILDING.

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME LONG BEACH GENERATION LLC	3	FACILITY ID # 1	
SITE ADDRESS 2665 W. SEASIDE BLVD.	103	CITY LONG BEACH	104
		ZIP CODE	105
		90802	

II. EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME VARIOUS	123	NAME ALEX SANCHEZ/STEVE ODABASHIAN	128
TITLE SHIFT SUPERVISOR	124	TITLE ENVIRONMENTAL SUPERVISOR	129
BUSINESS PHONE (310) 615-6303	125	BUSINESS PHONE (310) 615-6351/(310) 615-6331	130
24-HOUR PHONE (310) 615-6313	126	24-HOUR PHONE (310) 529-3280/(310) 529-3281	131
PAGER # N/A	127	PAGER # N/A	132

III. EMERGENCY RESPONSE PLANS AND PROCEDURES

A. Notifications

Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:
FIRE/PARAMEDICS/POLICE/SHERIFF
PHONE: 911

AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.

Local Unified Program Agency: **(562) 570-4458**
 State Office of Emergency Service: **(800) 852-7550 or (916) 262-1621**
 National Response Center: **(800) 424-8802**

Information to be provided during Notification:

- Your Name and the Telephone Number from where you are calling.
- Exact address of the release or threatened release.
- Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- Material and quantity of the release, to the extent known.
- Current condition of the facility.
- Extent of injuries, if any.
- Possible hazards to public health and/ or the environment outside of the facility.

B. Emergency Medical Facility

List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material:

HOSPITAL/CLINIC: LONG BEACH MEMORIAL MARITIME CLINIC	PHONE NO: (562) 432-2821
ADDRESS: 150 SOUTH PICO, LONG BEACH	
STATE: CA	ZIP CODE: 90802

Private On-Site Emergency Response Team

DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? Yes No

If yes, describe what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

D. Arrangements With Emergency Responders

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:

N/A

E. Evacuation Plan

1. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply):

- Verbal Telephone (including cellular) Alarm System Public Address System Intercom
 Pagers Portable Radio Other (specify):

2. Evacuation map is prominently displayed throughout the facility.

3. Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:

SHIFT SUPERVISORS/VARIOUS

F. Earthquake Vulnerability

Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

- Hazardous Waste/ Hazardous Materials Storage Areas Production Floor Process Lines
 Bench/ Lab Waste Treatment Other: Hazardous waste accumulation area

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

- Utilities Sprinkler Systems Cabinets Shelves
 Racks Pressure Vessels Gas Cylinders Tanks
 Process Piping Shutoff Valves Other:

G. Emergency Procedures

Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:

1. **PREVENTION** (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.

Hazards associated with materials present at this facility include those commonly associated with the handling of lubricating oils and oxidizers. Precautions against these hazards are described in the facility's Spill Prevention Control and Countermeasure Plan (SPCC), the Site Emergency Contingency Plan. The precautions include formal training for Long Beach Generation LLC personnel, written operating instructions, notification procedures, containment and mediation orders.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

2. MITIGATION (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?

Reporting and mitigation procedures are outlined in the facility's Emergency Contingency Plan and the SPCC Plan in instances of leaks, spills, explosions, airborne releases. Station personnel operating the equipment (on a 24-hour basis), immediately notify the El Segundo Shift Supervisor. The response includes, but is not limited to, the proper notification of regulatory agencies, isolation, and if necessary, an emergency evacuation of the area. Terrorist attacks are not considered a significant hazard to any hazardous material at Long Beach Generation LLC. Positive access to the site is controlled by perimeter fencing and by uniformed security guards. The Department of Homeland Security guidelines are followed for alert levels. Security staffing procedures have been revised to reflect change in alert levels. Long Beach Generation LLC, will be especially vigilant to ensure that any suspicious activity, including threats, unusual purchases, or suspicious behavior is expeditiously reported to the Long Beach Police Department and to the local field office of the FBI. The FBI, through its weapons of mass destruction coordinator, will facilitate a formal threat assessment process with FBI headquarters and other government agencies as necessary. Long Beach Generation LLC, has never been the target of a terrorist attack. However, in the unlikely event of a terrorist attack, the Emergency Contingency Plan covers the actions required to protect employee and public safety and environmental well being.

3. ABATEMENT (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?

Control and elimination of the hazard would be as directed by the Shift Supervisor or his representative. Some basic procedures for abatement include the following: hazardous materials would be contained by using dikes and absorbent materials. Personnel trained to the appropriate HAZWOPER level or licensed, permitted contractors would assume responsibility for the containment and clean-up of the hazardous material under the direction of the City of Long Beach Health Department CUPA to the proper disposal site. See the Emergency Contingency Plan for more detailed information.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

II. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. (See Key) Location *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input checked="" type="checkbox"/> Cartridge Respirators	1, 2	NIOSH approved
	<input checked="" type="checkbox"/> Chemical Monitoring Equipment (describe)	6	Carbon Dioxide Monitor
	<input checked="" type="checkbox"/> Chemical Protective Aprons/Coats	2, 3	Chemical Resistant
	<input checked="" type="checkbox"/> Chemical Protective Boots	2, 3	Chemical Resistant
	<input checked="" type="checkbox"/> Chemical Protective Gloves	2, 3	Chemical Resistant
	<input checked="" type="checkbox"/> Chemical Protective Suits (describe)	9	Chemical Resistant
	<input checked="" type="checkbox"/> Face Shields	2, 3	Chemical Resistant
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)	4	Minor Injuries only
	<input checked="" type="checkbox"/> Hard Hats	4	ANSI approved
	<input checked="" type="checkbox"/> Plumbed Eye Wash Stations	5	ANSI approved
<input type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)		N/A	
<input checked="" type="checkbox"/> Respirator Cartridges (describe)	1, 2	NIOSH approved	
<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	1, 2	ANSI approved	
<input checked="" type="checkbox"/> Safety Showers	5	OSHA approved	
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		N/A	
<input type="checkbox"/> Other (describe)		N/A	
Fire Extinguishing Systems	<input checked="" type="checkbox"/> Automatic Fire Sprinkler Systems	6	NFPA approved
	<input checked="" type="checkbox"/> Fire Alarm Boxes/Stations	6	NFPA approved
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (describe)		CO2
	<input type="checkbox"/> Other (describe)		N/A
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)	7	Oil Absorbent
	<input type="checkbox"/> Berms/Dikes (describe)		N/A
	<input type="checkbox"/> Decontamination Equipment (describe)		N/A
	<input type="checkbox"/> Emergency Tanks (describe)		N/A
	<input type="checkbox"/> Exhaust Hoods		N/A
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits (describe)		N/A
	<input type="checkbox"/> Neutralizers (describe)		N/A
	<input type="checkbox"/> Overpack Drums		N/A
	<input checked="" type="checkbox"/> Sumps (describe)	8	Plant Waste Water discharged under NPDES Permit
<input type="checkbox"/> Other (describe)		N/A	
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		N/A
	<input checked="" type="checkbox"/> Intercoms/ PA Systems	4	PA System
	<input checked="" type="checkbox"/> Portable Radios	2	Three Channel
	<input checked="" type="checkbox"/> Telephones	2	Bell, In-House Systems and cell phones
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		N/A
	<input type="checkbox"/> Other (describe)		N/A
Plant Location Key		KEY	
	1. Control Room		6. CT Rooms & North Exterior wall of CT Room
	2. Warehouse		7. Lube Oil Storage Area
	3. Chemical Feed Area		8. Various locations in plant leading to retention basin
	4. All locations		9. Acid Storage Tank Area
	5. All Chemical Storage Area		

Use the Location Codes (LC) from the Storage Map(s) prepared for your Contingency Plan.

Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

Employee Training Plan

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. Check all boxes which apply.

[Note: Items marked with an asterisk (*) are required.]

1. **Personnel** are trained in the following procedures:

<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/re-entry procedures and assembly point locations*
<input checked="" type="checkbox"/> Emergency incident reporting.
<input checked="" type="checkbox"/> External emergency response organization notification
<input checked="" type="checkbox"/> Location(s) and contents of Contingency Plan
<input checked="" type="checkbox"/> Facility evacuation drills, which are conducted at least (specify) <u>ANNUALLY</u> (e.g. "Quarterly", etc.)

2. **Chemical Handlers** are additionally trained in the following:

<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/> Spill procedures/emergency procedures
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. <i>inhalation, ingestion, absorption</i>) *
<input checked="" type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. <i>container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.</i>) *

3. **Emergency Response Team Members** are capable of and engaged in the following:

<input type="checkbox"/> Personnel rescue procedures
<input checked="" type="checkbox"/> Shutdown of operations
<input checked="" type="checkbox"/> Liaison with responding agencies
<input type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/> Refresher training, which is provided at least annually *
<input checked="" type="checkbox"/> Emergency response drills, which are conducted at least (specify) <u>ANNUALLY</u> (e.g. "Quarterly", etc.)

Recordkeeping

All facilities which handle hazardous materials must maintain records associated with their management. A summary of your recordkeeping procedures is required. A blank summary has been provided below for you to complete and submit. Check all boxes which apply. The following records are maintained at the facility.

[Note: Items marked with an asterisk (*) are required.]

<input checked="" type="checkbox"/> Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/> Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/> Training Program(s) (i.e. written description of introductory and continuing training) *
<input checked="" type="checkbox"/> Current copy of this Contingency Plan *
<input type="checkbox"/> Record of recordable/reportable hazardous material/waste releases *
<input type="checkbox"/> Record of hazardous material/waste storage area inspections *
<input type="checkbox"/> Record of hazardous waste tank daily inspections *
<input checked="" type="checkbox"/> Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

Unified Program (UP) Form
 CONSOLIDATED CONTINGENCY PLAN

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME LONG BEACH GENERATION LLC	3	FACILITY ID # 1	
SITE ADDRESS 2665 SEASIDE BLVD.	103	CITY LONG BEACH	104 ZIP CODE 105 90802

II. MONITORING PLAN AND PROCEDURES

1. The frequency of monitoring is as follows:

a. Tank: **NOTE: LONG BEACH GENERATION LLC DOES NOT HAVE A UST**

b. Piping:

2. The methods and equipment (name and model) used for monitoring include:

a. Tank:

b. Piping:

3. The location (s) where monitoring will be performed include (see attached plot plan for further details):

Attach one page plot plan showing:

1. Location of underground storage tanks, buildings, and property lines.
2. Location of monitoring points and the monitoring system is located.

4. The name(s) of responsible person (s) performing the monitoring and/or maintaining the equipment include:

5. The reporting format for all monitoring performed is as follows:

a. Tank

b. Piping:

6. The preventative maintenance schedule for the monitoring equipment is:

7. The training necessary for the operation of UST systems, including piping and monitoring equipment includes:

Note: Training is scheduled and provided on _____ basis and training records for personnel are kept at the facility.

**Unified Program (UP) Form
 CONSOLIDATED CONTINGENCY PLAN
 SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN**

III. EMERGENCY RESPONSE PLAN

1. If an unauthorized release occurs, hazardous substances will be cleaned up by:

NOTE: LONG BEACH GENERATION LLC DOES NOT HAVE A UST

2. Agency notifications will be made as detailed in Section I of the Contingency Plan, and the local agency responsible for Underground Storage Tanks (USTs) shall be notified as required by state and local laws and regulations.

Phone

3. The following persons are responsible for authorizing work necessary under the response plan:

Name	Title	Phone
Name	Title	Phone
Name	Title	Phone

Additional Persons

4. The proposed methods and equipment to be used for removing and properly disposing of hazardous substances and cleanup wastes are the following:

5. The location and availability of the required cleanup equipment listed in item #4 is as follows:

6. The maintenance schedule for the cleanup equipment is as follows:

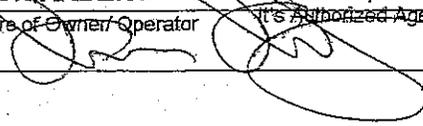
7. Additional information:

IV. PLAN CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

Printed Name of Owner/Operator Long Beach Generation LLC
ANDUN AABERG By: NRG Operations, Inc.

Title of Owner/Operator
REGIONAL PLANTS MANAGER

Signature of Owner/Operator


Date


UNIFIED PROGRAM (UP) FORM RECYCLABLE MATERIALS REPORT – PAGE 1

(COMPLETE ONLY IF CLAIMING A RECYCLING EXCLUSION OR EXEMPTION PER HSC SECTION 25143.2)

Page 1 of 2

FACILITY ID#	EPA ID #
	CAR 000037705

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)
LONG BEACH GENERATION LLC

DATES OF REPORTING PERIOD BEGINNING DATE 500 ENDING DATE 501

LONG BEACH GENERATION LLC DOES NOT CLAIM ANY EXCLUSIONS OR EXEMPTIONS

I. TYPE OF RECYCLING ACTIVITIES

If yes, please follow instructions.

<p>1. Do you recycle more than 100 kg/month of excluded or exempted recyclable material at the same location at which the material was generated (onsite recycling)?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	502	<p>4 If YES, you are both the generator and recycler. Complete one Recyclable Materials Report. Do not complete Parts II and V.</p>
<p>2. Do you recycle more than 100 kg/month of non-manifested, excluded recyclable materials received from an offsite location (offsite recycling)?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	503	<p>4 If YES, you are an offsite recycler but not the generator. Complete a Recyclable Materials Report for each generator that sends you materials.</p>

–Businesses that only send recyclable materials to an offsite recyclers are not required to file this report. –

II. OFFSITE GENERATOR OF RECYCLABLE MATERIAL

Only complete when the generator is different from the recycler.

OFFSITE GENERATOR OF RECYCLABLE MATERIAL	504	OFFSITE GENERATOR EPA ID#	505
N/A			
STREET ADDRESS	506	PHONE	507
CITY	508	STATE	509
		ZIP CODE	510
MAILING ADDRESS (IF DIFFERENT)			511
CITY	512	STATE	513
		ZIP CODE	514

III. CERTIFICATION SECTION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

SIGNATURE OF CERTIFIER		DATE	515	NAME OF DOCUMENT PREPARER	516
		3/1/06		ALEX SANCHEZ	
NAME OF SIGNER (print)	517	TITLE OF SIGNER	518		
AUDUN AABERG		REGIONAL PLANTS MANAGER			
Long Beach Generation LLC By: NRG Operations, Inc. It's Authorized Agent					

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
PA	PA	DISTRICT
		INSPECTOR

UNIFIED PROGRAM (UP) FORM REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION

a. Initial
 b. Revised
 c. Annual
 720
 Page 1 of 1

I. GENERAL INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA or - Doing Business as) LONG BEACH GENERATION LLC	FACILITY ID#	1
---	--------------	---

II. CONSOLIDATION SITE INFORMATION

ADDRESS 2665 W. SEASIDE BLVD. 721	FACILITY EPA ID# CA000037705 2
CITY LONG BEACH 722	CA ZIP CODE 90802 723

DESCRIPTION OF THE TYPE(S) OF REMOTE LOCATION(S) AND SOURCE(S) FROM WHICH THE NON-RCRA HAZARDOUS WASTE WILL BE COLLECTED (i.e. power pole) 724

NOTE: LONG BEACH GENERATION LLC DOES NOT HAVE ANY REMOTE WASTE CONSOLIDATION SITES

DESCRIPTION OF THE TYPE OF HAZARDOUS WASTE THAT MAY BE COLLECTED 725

Do you treat your hazardous waste at this consolidation site? 726 <input type="checkbox"/> Yes <input type="checkbox"/> No	ESTIMATED MONTHLY VOLUME CONSOLIDATED 727	UNITS <input type="checkbox"/> a. Pounds <input type="checkbox"/> b. Gallons 728
--	--	---

III. BASIS FOR NOT NEEDING A FEDERAL PERMIT

(Check all that apply) 729

- a. The hazardous waste being consolidated is not hazardous waste under federal law although the waste is regulated as hazardous waste under California state law.
- b. The hazardous waste is hazardous waste under federal law, but transportation to and accumulation at the consolidation site of the waste is not subject to permitting requirements under federal law for the following other reason(s):

IV. CERTIFICATIONS

I certify under penalty of law that the activities described in these documents meet the applicable eligibility and operating requirements of state statutes and regulations for remote waste and consolidation sites. I further certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OWNER/OPERATOR 	DATE 3/1/05
NAME OF OWNER/OPERATOR (Print) Long Beach Generation LLC By: NRG Operations, Inc. It's Authorized Agent 731 AUDUN AABERG	TITLE OF OWNER/OPERATOR 732 REGIONAL PLANTS MANAGER

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT INSPECTOR

UNIFIED PROGRAM CONSOLIDATED FORM
REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED EXTREMELY HAZARDOUS SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Cal ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

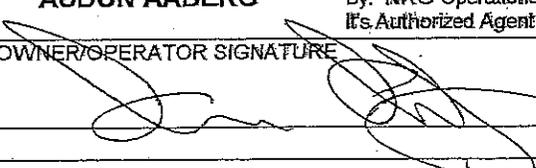
BUSINESS NAME LONG BEACH GENERATION LLC		3
FACILITY ID# 1	EPA ID # 2 CAR 000037705	PROGRAM LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 246a
NAME OF CORPORATE PARENT COMPANY EI SEGUNDO OPERATIONS, LLC		246b DUN & BRADSTREET 014445519 106
PERSON RESPONSIBLE FOR RMP (First Name, Last Name) AUDUN AABERG		246c TITLE REGIONAL PLANTS MANAGER 246d
LATITUDE 246e	LONGITUDE 246f	PROCESS SIC 4911 107a
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		208
DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		246g
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	246h	LAST SAFETY INSPECTION DATE: AGENCY: LONG BEACH FIRE DEPT - CUPA 246i
CHEMICAL NAME	205	CAS# 209
MAXIMUM DAILY AMOUNT	218a	UNITS IN POUNDS 221
PROCESS DESCRIPTION		246j

NOTE: LONG BEACH GENERATION LLC DOES NOT HAVE ANY REGULATED SUBSTANCES AT OR ABOVE THE THRESHOLD QUANTITY.

PRINCIPAL EQUIPMENT	246k
---------------------	------

CERTIFICATION

I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge based upon reasonable inquiry. I am fully aware that this certification executed on the date indicated below is made under penalty of perjury under the laws of the State of California.

OWNER/OPERATOR NAME AUDUN AABERG	Long Beach Generation LLC By: NRG Operations, Inc. It's Authorized Agent	246l	OWNER/OPERATOR TITLE REGIONAL PLANTS MANAGER	246m
OWNER/OPERATOR SIGNATURE 		DATE 3/1/05		

OFFICIAL USE ONLY		DATE RECEIVED	REVIEWED BY			
BN	STA	OTHER	DISTRICT	CUPA	PA	

**UNIFIED PROGRAM (UP) FORM
HAZARDOUS WASTE GENERATOR**

PAGE 1 OF 1

BUSINESS NAME: LONG BEACH GENERATION LLC			3
FACILITY ID #	NO. OF EMPLOYEES: 6	133b EPA ID # CAR 000037705	2

I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY

	RCRA GENERATOR (FEDERAL WASTE)	NON RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>

II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS	WASTE DESCRIPTION	WASTE ID	AMOUNT PER YEAR	DISPOSAL METHOD	STORAGE METHOD
Waste Asbestos	Waste Asbestos	151	1350 lbs	Recycle	Drums
Waste Lube oil >5<50 ppm	Non-RCRA haz waste liquid (lube oil) >5<50 ppm PCB's	261	40 gallons	Recycle	Drums
Waste lube oil	Non-RCRA haz waste liquid (waste lube oil)	221	21338 gals	Recycle	Drums
Waste oil and water	Non-RCRA haz waste liquid (oil and water)	223	89990 gals	Recycle	Drums
Waste rinsate water	Non-RCRA haz waste liquid (rinsate water)	123	42550 gals	Recycle	Drums
Haz Waste Solid	Non-RCRA haz waste solid	181	7015 lbs	Recycle	Drums
Waste debris >5<50 ppm	Non-RCRA haz waste solid (debris) >5<50 ppm PCB's	261	2000 lbs	Recycle	Drums
Waste oily debris & soil	Non-RCRA haz waste solid (oily debris & soil)	223	16300 lbs	Recycle	Drums
Sand blast grit	Non-RCRA haz waste solid (sand blast grit)	181	1000 lbs	Recycle	Drums
Waste aerosols	Waste aerosols, flammable	151/331/352	1550 lbs	Recycle	Drums
Waste corrosive liquid	Waste corrosive liquid, inorganic	135/343	3600 gallons	Recycle	Drums
Waste sodium hydroxide solution	Waste sodium hydroxide solution	135	830 gallons	Recycle	Drums

I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR NAME AUDUN AABERG	Long Beach Generation LLC By: NRG Operations, Inc. It's Authorized Agent	OWNER/OPERATOR TITLE REGIONAL PLANTS MANAGER
OWNER/OPERATOR SIGNATURE	DATE 3/11/05	

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

 ADD

 DELETE

 REVISE

REPORTING YEAR 2005

200

Page 1 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)		3
LONG BEACH GENERATION LLC		
CHEMICAL LOCATION	201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202
UNIT 9 CRANE BAY SW CORNER OF BUILDING		
FACILITY ID #	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206
CLEANER DEGREASER		<small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME	207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
SIMPLEGREEN		
CAS#	209	*If EHS is "Yes", all amounts below must be in lbs. 210

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210			
HAZARDOUS MATERIAL TYPE (Check one item only)	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	CURIES 213
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE			
PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER 55 215	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS			
FED HAZARD CATEGORIES (Check all that apply)	216		
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
55	110	N/A	N/A
UNITS* (Check one item only)	221		DAYS ON SITE: 222
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS			365

STORAGE CONTAINER	223		
<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR			
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER			
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN			
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON			

STORAGE PRESSURE	224		
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			

STORAGE TEMPERATURE	225		
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC			

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 6% 226	2- Butoxyethanal 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	111-76-2 229
2 230		<input type="checkbox"/> Yes <input type="checkbox"/> No 232	
3 234		<input type="checkbox"/> Yes <input type="checkbox"/> No 236	
4 238		<input type="checkbox"/> Yes <input type="checkbox"/> No 240	
5 242		<input type="checkbox"/> Yes <input type="checkbox"/> No 244	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 2 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3									
LONG BEACH GENERATION LLC									
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202				
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID #			MAP# (optional) 203			GRID# (optional) 204			
			1			S			

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
NON-RCRA HAZARDOUS WASTE SOLID					If Subject to EPCRA, refer to instructions				
COMMON NAME OIL, DIRT, DEBRIS 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs.				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210									
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE 211					RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 213	
PHYSICAL STATE (Check one item only) <input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214					LARGEST CONTAINER 500 215				
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH 216									
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
2000			10,500			16300		223	
UNITS* (Check one item only) <input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 221							DAYS ON SITE: 222		
* If EHS, amount must be in pounds.							365		
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON 223									
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	5%	Petroleum Distillate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
2	1%	2, 4, 5 - Trichlorophenol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-95-4
3	1%	Cresol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1319-77-3
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one page per material per building or area)

 ADD

 DELETE

 REVISE

REPORTING YEAR 2005

200

Page 3 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		3
LONG BEACH GENERATION LLC		
CHEMICAL LOCATION	201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202
NORTHEAST CORNER OF PLANT - OUTSIDE		
FACILITY ID #	1	MAP# (optional) 203 1
		GRID# (optional) 204 K

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206
ACETYLENE		If Subject to EPCRA, refer to instructions
COMMON NAME	207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
ACETYLENE		
CAS#	209	*If EHS is "Yes", all amounts below must be in lbs. 209
74-86-2		

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210			
HAZARDOUS MATERIAL TYPE (Check one item only)	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	CURIES 213
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE			
PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER 220	
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS			
FED HAZARD CATEGORIES (Check all that apply) 216			
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
1100	2220	N/A	N/A

UNITS* (Check one item only)	221	DAYS ON SITE: 222
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		365
* If EHS, amount must be in pounds.		
STORAGE CONTAINER 223		
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON		

STORAGE PRESSURE	224
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE	225
<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input checked="" type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 225	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 4 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3	
LONG BEACH GENERATION LLC	
CHEMICAL LOCATION 201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SOUTHWEST OF PLANT BUILDING - OUTSIDE	
FACILITY ID #	MAP# (optional) 203 GRID# (optional) 204
	1 C

II. CHEMICAL INFORMATION

CHEMICAL NAME 205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206
SODIUM HYPOCHLORITE 7-15%	
<small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME 207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
BLEACH	
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs.
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210	
HAZARDOUS MATERIAL TYPE (Check one item only) 211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212 CURIES 213
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	
PHYSICAL STATE (Check one item only) 214	LARGEST CONTAINER 1500 215
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	
FED HAZARD CATEGORIES (Check all that apply) 216	
<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 217	ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
750	1500 N/A N/A
UNITS* (Check one item only) 221	DAYS ON SITE: 222
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	
STORAGE CONTAINER 223	
<input checked="" type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE 224	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE 225	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	
%WT 226	HAZARDOUS COMPONENT (For mixture or waste only) 227 EHS 228 CAS # 229
1 15%	Sodium Hypochlorite <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7681-52-9
2 230	<input type="checkbox"/> Yes <input type="checkbox"/> No 232 233
3 234	<input type="checkbox"/> Yes <input type="checkbox"/> No 236 237
4 238	<input type="checkbox"/> Yes <input type="checkbox"/> No 240 241
5 242	<input type="checkbox"/> Yes <input type="checkbox"/> No 244 245
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246	
ADDITIONAL LOCALLY COLLECTED INFORMATION	

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 5 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3									
LONG BEACH GENERATION LLC									
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202				
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
FACILITY ID #						MAP# (optional) 203		GRID# (optional) 204	
						1		S	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
NON-RCRA HAZARDOUS WASTE LIQUID									
If Subject to EPCRA, refer to instructions									
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
WASTE LUBRICATING OIL									
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs. 210				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 211									
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE 211					RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 213	
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214					LARGEST CONTAINER 55 215				
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH 216									
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
530			1150			21338		221	
UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 221							DAYS ON SITE: 222		
* If EHS, amount must be in pounds.							365		
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON 223									
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									
%WT		HAZARDOUS COMPONENT (For mixture or waste only)			EHS		CAS #		
1	99% 226	Petroleum Hydrocarbons 227			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228		8002059 229		
2	230	231			<input type="checkbox"/> Yes <input type="checkbox"/> No 232		233		
3	234	235			<input type="checkbox"/> Yes <input type="checkbox"/> No 236		237		
4	238	239			<input type="checkbox"/> Yes <input type="checkbox"/> No 240		241		
5	242	243			<input type="checkbox"/> Yes <input type="checkbox"/> No 244		245		
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246									
ADDITIONAL LOCALLY COLLECTED INFORMATION									

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 6 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3										
LONG BEACH GENERATION LLC										
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				202
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT										
FACILITY ID #					1	MAP# (optional) 203		GRID# (optional) 204		
					1			S		

II. CHEMICAL INFORMATION

CHEMICAL NAME					205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				206		
RCRA HAZARDOUS WASTE SOLID												
If Subject to EPCRA, refer to instructions												
COMMON NAME					207	WASTE AEROSOL CANS				208		
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.						
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210												
HAZARDOUS MATERIAL TYPE (Check one item only)					211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		212	CURIES 213			
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE												
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER 500 215						
<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS												
FED HAZARD CATEGORIES (Check all that apply) 216												
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH												
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT		218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE		220
500				500			1550			151/331/352		
UNITS* (Check one item only)					221	DAYS ON SITE: 222						
<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS						365						
* If EHS, amount must be in pounds.												
STORAGE CONTAINER												
<input type="checkbox"/> a. ABOVE GROUND TANK			<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM			<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE		<input type="checkbox"/> q. RAIL CAR		
<input type="checkbox"/> b. UNDERGROUND TANK			<input type="checkbox"/> f. CAN			<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE		<input type="checkbox"/> r. OTHER		
<input type="checkbox"/> c. TANK INSIDE BUILDING			<input type="checkbox"/> g. CARBOY			<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN				
<input checked="" type="checkbox"/> d. STEEL DRUM			<input type="checkbox"/> h. SILO			<input type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON 223				
STORAGE PRESSURE					224							
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT												
STORAGE TEMPERATURE					225							
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC												

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 90-99 226	Petroleum Hydrocarbon 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	8002059 229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 7 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3									
LONG BEACH GENERATION LLC									
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202				
NORTH & SOUTHEAST OF POWER BUILDING									
FACILITY ID #			MAP# (optional) 203			GRID# (optional) 204			
			1			P			

II. CHEMICAL INFORMATION

CHEMICAL NAME 205		TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206	
MINERAL OIL		<small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME 207		EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208	
TRANSFORMER OIL		*If EHS is "Yes", all amounts below must be in lbs.	
CAS# 209		210	
64752-53-6			

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213			
HAZARDOUS MATERIAL TYPE (Check one item only) 211		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		CURIES	
PHYSICAL STATE (Check one item only) 214		LARGEST CONTAINER 11000 215	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS			
FED HAZARD CATEGORIES (Check all that apply) 216			
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218	
47000		47000	
		ANNUAL WASTE AMOUNT 219	
		N/A	
		STATE WASTE CODE 220	
		N/A	
UNITS* (Check one item only) 221			DAYS ON SITE: 222
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS			365
<small>* If EHS, amount must be in pounds.</small>			

STORAGE CONTAINER 223			
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN	
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY	
<input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO	
<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE	
<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE	
<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON	
		<input checked="" type="checkbox"/> r. OTHER <u>Transformers</u>	

STORAGE PRESSURE 224	
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE 225	
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2	230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3	234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4	238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5	242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 8 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

LONG BEACH GENERATION LLC

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) YES NO 202

HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT

FACILITY ID # 1 MAP# (optional) 203 GRID# (optional) 204
1 S

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET Yes No 206
 If Subject to EPCRA, refer to instructions

RCRA HAZARDOUS WASTE SOLID

COMMON NAME 207 CAUSTIC DEBRIS 208 EHS* Yes No

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES 213

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 LARGEST CONTAINER 500 215

FED HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 500 MAXIMUM DAILY AMOUNT 218 4500 ANNUAL WASTE AMOUNT 219 7015 STATE WASTE CODE 220 181

UNITS* (Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221 DAYS ON SITE: 222 365
* If EHS, amount must be in pounds.

STORAGE CONTAINER a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM f. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
 (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 9 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		3
LONG BEACH GENERATION LLC		
CHEMICAL LOCATION	201	202
NORTHEAST CORNER OF PLANT - OUTSIDE		CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	1	204
	MAP# (optional)	203
	1	GRID# (optional)
		K

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
HELIUM		<small>If Subject to EPCRA, refer to instructions</small>		
COMMON NAME	207	EHS*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
HELIUM		*If EHS is "Yes", all amounts below must be in lbs.		
CAS#	209	7440-59-7		210
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)				
HAZARDOUS MATERIAL TYPE (Check one item only)	211	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE				213
PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER	220	215
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS				
FED HAZARD CATEGORIES (Check all that apply)				216
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH				
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	220
1410		2820		
		ANNUAL WASTE AMOUNT	219	220
		N/A		
UNITS* (Check one item only)			221	222
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS				DAYS ON SITE:
				365
STORAGE CONTAINER				223
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR				
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER				
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN				
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON				
STORAGE PRESSURE				224
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE				225
<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input checked="" type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				
%WT		HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	226		<input type="checkbox"/> Yes <input type="checkbox"/> No	228
2	230		<input type="checkbox"/> Yes <input type="checkbox"/> No	232
3	234		<input type="checkbox"/> Yes <input type="checkbox"/> No	236
4	238		<input type="checkbox"/> Yes <input type="checkbox"/> No	240
5	242		<input type="checkbox"/> Yes <input type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED			REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 10 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)										3	
LONG BEACH GENERATION LLC											
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202	
NORTHEAST CORNER OF PLANT - OUTSIDE						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
FACILITY ID #						MAP# (optional)		203	GRID# (optional)		204
						1			K		

II. CHEMICAL INFORMATION

CHEMICAL NAME					205	TRADE SECRET					206			
ARGON						If Subject to EPCRA, refer to instructions								
COMMON NAME					207	EHS*					208			
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.								
CAS#						7440-37-1					210			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)												213		
HAZARDOUS MATERIAL TYPE (Check one item only)					211	RADIOACTIVE					212	CURIES		213
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER					220			215
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS														
FED HAZARD CATEGORIES (Check all that apply)						<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH								216
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT			219	STATE WASTE CODE		220
1128				1692				N/A				N/A		
UNITS* (Check one item only)											221	DAYS ON SITE:		222
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS												365		
STORAGE CONTAINER						<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON								223
STORAGE PRESSURE						<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT								224
STORAGE TEMPERATURE						<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input checked="" type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC								225
%WT		HAZARDOUS COMPONENT (For mixture or waste only)					EHS		CAS #					
1	226						227	<input type="checkbox"/> Yes <input type="checkbox"/> No		228				229
2	230						231	<input type="checkbox"/> Yes <input type="checkbox"/> No		232				233
3	234						235	<input type="checkbox"/> Yes <input type="checkbox"/> No		236				237
4	238						239	<input type="checkbox"/> Yes <input type="checkbox"/> No		240				241
5	242						243	<input type="checkbox"/> Yes <input type="checkbox"/> No		244				245
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.												246		

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 11 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3		
LONG BEACH GENERATION LLC		
CHEMICAL LOCATION 201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202	
NORTHEAST CORNER OF PLANT - OUTSIDE		
FACILITY ID #	MAP# (optional) 203	GRID# (optional) 204
	1	K

II. CHEMICAL INFORMATION

CHEMICAL NAME 205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206		
OXYGEN	<small>If Subject to EPCRA, refer to instructions</small>		
COMMON NAME 207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208		
OXYGEN			
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs. 210		
7782-44-7			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213			
HAZARDOUS MATERIAL TYPE (Check one item only) 211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	CURIES 215	
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE			
PHYSICAL STATE (Check one item only) 214	LARGEST CONTAINER 220		
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	220		
FED HAZARD CATEGORIES (Check all that apply) 216			
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	
1410	3384	N/A	
UNITS* (Check one item only) 221	DAYS ON SITE: 222		
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	365		
STORAGE CONTAINER 223			
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE 224			
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			
STORAGE TEMPERATURE 225			
<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input checked="" type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC			
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246			
ADDITIONAL LOCALLY COLLECTED INFORMATION			

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

 ADD

 DELETE

 REVISE

REPORTING YEAR 2005

200

Page 12 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3									
LONG BEACH GENERATION LLC									
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202				
CHEMICAL FEED AREA, BASEMENT – WEST SIDE									
FACILITY ID #					MAP# (optional) 203		GRID# (optional) 204		
					1		R		

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
If Subject to EPCRA, refer to instructions									
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs. 210				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213									
HAZARDOUS MATERIAL TYPE (Check one item only) 211					RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 215	
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE									
PHYSICAL STATE (Check one item only) 214					LARGEST CONTAINER 55 216				
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS									
FED HAZARD CATEGORIES (Check all that apply) 216									
<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH									
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
55			220			N/A		N/A	
UNITS* (Check one item only) 221							DAYS ON SITE: 222		
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS * If EHS, amount must be in pounds.							365		
STORAGE CONTAINER 223									
<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON									
STORAGE PRESSURE 224									
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT									
STORAGE TEMPERATURE 225									
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC									
%WT		HAZARDOUS COMPONENT (For mixture or waste only)			EHS		CAS #		
1 72% 226		Sodium Nitrite 227			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228		7632-00-0 229		
2 20% 230		Sodium Tetraborate Pentahydrate 231			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232		7732-18-5 233		
3 2% 234		Sodium Tolytriazole 235			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236		64665-57-2 237		
4 238					<input type="checkbox"/> Yes <input type="checkbox"/> No 240				
5 242					<input type="checkbox"/> Yes <input type="checkbox"/> No 244				

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY				DATE RECEIVED			REVIEWED BY				
DIV		BN		STA		OTHER		DISTRICT		CUPA	PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 13 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3									
LONG BEACH GENERATION LLC									
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202				
INSIDE - BASEMENT LEVEL, CENTER									
FACILITY ID #						MAP# (optional) 203		GRID# (optional) 204	
						1		H	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
PETROLEUM DISTILLATES									
If Subject to EPCRA, refer to instructions									
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
LUBRICATING OIL									
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs. 210				
64742-54-7									
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213									
HAZARDOUS MATERIAL TYPE (Check one item only) <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 211				RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 215		
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214				LARGEST CONTAINER 55 gals					
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH 216									
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
700			700			N/A		N/A	
UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 221							DAYS ON SITE: 222		
							365		
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON 223									
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									
%WT		HAZARDOUS COMPONENT (For mixture or waste only)				EHS		CAS #	
1 226						<input type="checkbox"/> Yes <input type="checkbox"/> No 228			
2 230						<input type="checkbox"/> Yes <input type="checkbox"/> No 232			
3 234						<input type="checkbox"/> Yes <input type="checkbox"/> No 236			
4 238						<input type="checkbox"/> Yes <input type="checkbox"/> No 240			
5 242						<input type="checkbox"/> Yes <input type="checkbox"/> No 244			

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 14 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

LONG BEACH GENERATION LLC

CHEMICAL LOCATION

NORTHEAST OF PLANT BUILDING - OUTSIDE

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) YES NO

3

202

FACILITY ID #

MAP# (optional)

203

GRID# (optional)

204

1

L

II. CHEMICAL INFORMATION

CHEMICAL NAME

PETROLEUM DISTILLATE

205

TRADE SECRET Yes No

If Subject to EPCRA, refer to instructions

206

COMMON NAME

DIESEL #2

207

EHS* Yes No

208

CAS#

68476-34-6

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

a. PURE b. MIXTURE c. WASTE

211

RADIOACTIVE Yes No

212

CURIES

213

PHYSICAL STATE (Check one item only)

a. SOLID b. LIQUID c. GAS

214

LARGEST CONTAINER 55

215

FED HAZARD CATEGORIES (Check all that apply)

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

55

MAXIMUM DAILY AMOUNT

218

110

ANNUAL WASTE AMOUNT

219

N/A

STATE WASTE CODE

220

N/A

UNITS*

(Check one item only)

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

221

DAYS ON SITE:

222

365

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

223

STORAGE PRESSURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

224

STORAGE TEMPERATURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR 2005 200 | Page 15 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3									
LONG BEACH GENERATION LLC									
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202				
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID #					MAP# (optional) 203		GRID# (optional) 204		
					1		S		

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
NON-RCRA HAZ WASTE SOLID					If Subject to EPCRA, refer to instructions				
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
BLAST GRIT/DUCT SWEEP					*If EHS is "Yes", all amounts below must be in lbs. 209				
CAS# 210									
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213									
HAZARDOUS MATERIAL TYPE (Check one item only) 211			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 215				
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE									
PHYSICAL STATE (Check one item only) 214			LARGEST CONTAINER 216		500				
<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS									
FED HAZARD CATEGORIES (Check all that apply) 216									
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH									
AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220			
1500		5000		1000		181			
UNITS* (Check one item only) 221					DAYS ON SITE: 222				
<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS					365				
STORAGE CONTAINER 223									
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE		<input type="checkbox"/> q. RAIL CAR	
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE		<input type="checkbox"/> r. OTHER	
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN			
<input checked="" type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE 224									
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT									
STORAGE TEMPERATURE 225									
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC									
%WT		HAZARDOUS COMPONENT (For mixture or waste only) 227			EHS 228		CAS # 229		
1 10% 226		Chromium Metal			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7440-47-3		
2 10% 230		Copper			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232		7440-50-8 233		
3 10% 234		Nickel			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 235		7440-02-0 237		
4 10% 238		Cadmium			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240		7440-43-9 241		
5 242					<input type="checkbox"/> Yes <input type="checkbox"/> No 244				

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR 2005 200 Page 16 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)		3
LONG BEACH GENERATION LLC		
CHEMICAL LOCATION	201	202
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT		
FACILITY ID #	1	204
MAP# (optional)	1	203
GRID# (optional)	S	

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
NON-RCRA HAZ WASTE LIQUID		If Subject to EPCRA, refer to instructions		
COMMON NAME	207	EHS*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
WASTE LUBE OIL >5<50 PPM PCB'S		*If EHS is "Yes", all amounts below must be in lbs.		
CAS#				210

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)		213
HAZARDOUS MATERIAL TYPE (Check one item only)	211	212
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PHYSICAL STATE (Check one item only)	214	215
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		LARGEST CONTAINER 500

FED HAZARD CATEGORIES (Check all that apply)		216
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT	217	220
400		STATE WASTE CODE
MAXIMUM DAILY AMOUNT	218	221
800		365
ANNUAL WASTE AMOUNT	219	222
40		DAYS ON SITE:

UNITS* (Check one item only)	221	222
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		
* If EHS, amount must be in pounds.		
STORAGE CONTAINER		223
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR		
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER		
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN		
<input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON		

STORAGE PRESSURE	224	225
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		
STORAGE TEMPERATURE	225	226
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		

#	%WT	226	HAZARDOUS COMPONENT (For mixture or waste only)	227	EHS	228	CAS #	229
1	90%		Petroleum Distillate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8002-05-9	
2	90%		Cyclohexane		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		110-82-7	
3	90%		2-Butoxyethanal		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		111-76-2	
4					<input type="checkbox"/> Yes <input type="checkbox"/> No			
5					<input type="checkbox"/> Yes <input type="checkbox"/> No			

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA
				PA	

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 17 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) LONG BEACH GENERATION LLC										3
CHEMICAL LOCATION NORTHEAST OF PLANT BUILDING - OUTSIDE						201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			202
FACILITY ID #				MAP# (optional) 1		203	GRID# (optional) L			204

II. CHEMICAL INFORMATION

CHEMICAL NAME PETROLEUM DISTILLATE				205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		206	
COMMON NAME GASOLINE				207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		208	
CAS# 8006-61-9				209	*If EHS is "Yes", all amounts below must be in lbs.		210	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)								213
HAZARDOUS MATERIAL TYPE (Check one item only) <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE				211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		212	
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS				214	LARGEST CONTAINER 5		215	
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH								216
AVERAGE DAILY AMOUNT 10		217	MAXIMUM DAILY AMOUNT 10		218	ANNUAL WASTE AMOUNT N/A		219
UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>		221	DAYS ON SITE: 365					222
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON								223
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT								224
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC								225
%WT		HAZARDOUS COMPONENT (For mixture or waste only)			EHS		CAS #	
1	226				227	<input type="checkbox"/> Yes <input type="checkbox"/> No		228
2	230				231	<input type="checkbox"/> Yes <input type="checkbox"/> No		232
3	234				235	<input type="checkbox"/> Yes <input type="checkbox"/> No		236
4	238				239	<input type="checkbox"/> Yes <input type="checkbox"/> No		240
5	242				243	<input type="checkbox"/> Yes <input type="checkbox"/> No		244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 18 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										3
LONG BEACH GENERATION LLC										
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID #						MAP# (optional)	203	GRID# (optional)		204
						1		S		

II. CHEMICAL INFORMATION

CHEMICAL NAME					205	TRADE SECRET				206	
						If Subject to EPCRA, refer to instructions					
COMMON NAME EMPTY DRUMS					207	EHS*				208	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.					
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)					210						
HAZARDOUS MATERIAL TYPE (Check one item only)					211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		212	CURIES		213
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE											
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER				30	215
<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS											
FED HAZARD CATEGORIES (Check all that apply)						<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH					216
AVERAGE DAILY AMOUNT		217	MAXIMUM DAILY AMOUNT		218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE		220
60			600			40			513		
UNITS* (Check one item only)					221	DAYS ON SITE:				365	222
<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS											
						* If EHS, amount must be in pounds.					
STORAGE CONTAINER						<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON				223	
STORAGE PRESSURE						<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				224	
STORAGE TEMPERATURE						<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				225	
%WT	HAZARDOUS COMPONENT (For mixture or waste only)				EHS	CAS #					
1	226		227		<input type="checkbox"/> Yes <input type="checkbox"/> No	228			229		
2	230		231		<input type="checkbox"/> Yes <input type="checkbox"/> No	232			233		
3	234		235		<input type="checkbox"/> Yes <input type="checkbox"/> No	236			237		
4	238		239		<input type="checkbox"/> Yes <input type="checkbox"/> No	240			241		
5	242		243		<input type="checkbox"/> Yes <input type="checkbox"/> No	244			245		

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 19 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										3
LONG BEACH GENERATION LLC										
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
FACILITY ID #						MAP# (optional)	203	GRID# (optional)	204	
						1		S		

II. CHEMICAL INFORMATION

CHEMICAL NAME		205	TRADE SECRET		206
RCRA HAZ WASTE LIQUID		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
COMMON NAME		207	EHS*		208
WASTE SULFURIC ACID		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CAS#		209	*If EHS is "Yes", all amounts below must be in lbs.		
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)					
HAZARDOUS MATERIAL TYPE (Check one item only)		211	RADIOACTIVE	212	CURIES
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PHYSICAL STATE (Check one item only)		214	LARGEST CONTAINER 500		
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS					
FED HAZARD CATEGORIES (Check all that apply)					
<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH					
AVERAGE DAILY AMOUNT		217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT
500		2500		219	STATE WASTE CODE
				221	DAYS ON SITE:
UNITS* (Check one item only)		<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		365	
* If EHS, amount must be in pounds.					

STORAGE CONTAINER					
<input type="checkbox"/> a. ABOVE GROUND TANK	<input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR	
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER	
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN		
<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON		

STORAGE PRESSURE		224	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		
STORAGE TEMPERATURE		225	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 96%	Sulfuric Acid	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7764-93-9
2 4%	Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7732-18-5
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA PA

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR 2005 200 Page 20 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)		3
LONG BEACH GENERATION LLC		
CHEMICAL LOCATION	201	202
BASEMENT, SOUTHWEST SECTION	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FACILITY ID #	MAP# (optional) 203	204
	1	T

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
GREASE		If Subject to EPCRA, refer to instructions	
COMMON NAME	207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
GREASE		*If EHS is "Yes", all amounts below must be in lbs.	
CAS#	209		210

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)				213
HAZARDOUS MATERIAL TYPE (Check one item only)	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	215
(x) a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE				
PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER	35	216
(x) a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS				
FED HAZARD CATEGORIES (Check all that apply)				
(x) a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH				
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	220
50		250		
			ANNUAL WASTE AMOUNT	219
			N/A	
			STATE WASTE CODE	220
			N/A	
UNITS* (Check one item only)			DAYS ON SITE:	222
<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS			365	
* If EHS, amount must be in pounds.				

STORAGE CONTAINER		223
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON		

STORAGE PRESSURE	(x) a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224
STORAGE TEMPERATURE	(x) a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA
					PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 21 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		3
LONG BEACH GENERATION LLC		
CHEMICAL LOCATION	201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202
BASEMENT, SOUTHWEST CORNER		
FACILITY ID #	1	MAP# (optional) 203 1
		GRID# (optional) 204 R

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 205	
NALCO 8338		<small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME	207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208	
CORROSION INHIBITOR			
CAS#	209	*If EHS is "Yes", all amounts below must be in lbs. 210	
7632-00-0			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210			
HAZARDOUS MATERIAL TYPE (Check one item only)	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		CURIES 213	
PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER 55 215	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS			
FED HAZARD CATEGORIES (Check all that apply) 216			
<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT 218	
110		550	
		ANNUAL WASTE AMOUNT 219	
		N/A	
		STATE WASTE CODE 220	
		N/A	
UNITS* (Check one item only)	221	DAYS ON SITE: 222	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		365	
<small>* If EHS, amount must be in pounds.</small>			
STORAGE CONTAINER		223	
<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR			
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER			
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN			
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE	224		
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			
STORAGE TEMPERATURE	225		
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC			
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 10.0-30.0 226	Sodium Nitrite 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	7632-00-0 229
2 1.0-5.0 230	Sodium Tolyltriazole 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	64665-57-2 233
3 0.1-1.0 234	Sodium Hydroxide 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	1310-73-2 237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 22 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										3	
LONG BEACH GENERATION LLC											
CHEMICAL LOCATION						201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID #							MAP# (optional)	203	GRID# (optional)	204	
							1		S		

II. CHEMICAL INFORMATION

CHEMICAL NAME						205	TRADE SECRET		206	
NON-RCRA HAZ WASTE SOLID							If Subject to EPCRA, refer to instructions			
COMMON NAME						207	EHS*		208	
ASBESTOS CONTAINING DEBRIS							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CAS#						209	*If EHS is "Yes", all amounts below must be in lbs.			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)						210				
HAZARDOUS MATERIAL TYPE (Check one item only)					211	RADIOACTIVE	212	CURIES		
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER				
<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS										
FED HAZARD CATEGORIES (Check all that apply)						216				
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH										
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT		218	ANNUAL WASTE AMOUNT		219	
500				1000			1350			
UNITS* (Check one item only)						221	DAYS ON SITE:			
<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS							365			
STORAGE CONTAINER						223				
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input checked="" type="checkbox"/> d. STEEL DRUM										
<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f. CAN <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO										
<input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input type="checkbox"/> l. CYLINDER										
<input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON										
<input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> r. OTHER										
STORAGE PRESSURE						224				
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT										
STORAGE TEMPERATURE						225				
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC										
%WT		HAZARDOUS COMPONENT (For mixture or waste only)				227	EHS		228	CAS #
1	226						<input type="checkbox"/> Yes <input type="checkbox"/> No			229
2	230					231	<input type="checkbox"/> Yes <input type="checkbox"/> No			233
3	234					235	<input type="checkbox"/> Yes <input type="checkbox"/> No			237
4	238					239	<input type="checkbox"/> Yes <input type="checkbox"/> No			241
5	242					243	<input type="checkbox"/> Yes <input type="checkbox"/> No			245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 23 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		3
LONG BEACH GENERATION LLC		
CHEMICAL LOCATION	201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT		
FACILITY ID #	1	MAP# (optional) 203 1
		GRID# (optional) 204 S

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206	
NON-RCRA HAZ WASTE LIQUID		<small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME	207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208	
WASTE WASH WATER W/ELIMINOX		<small>*If EHS is "Yes", all amounts below must be in lbs.</small>	
CAS#	209		
FIRE CODE, HAZARD CLASSES (Complete if required by CUPA) 210			
HAZARDOUS MATERIAL TYPE (Check one item only)	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE		CURIES 213	
PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER 55 215	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS			
FED HAZARD CATEGORIES (Check all that apply)			
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT 218	
55	550	ANNUAL WASTE AMOUNT 219	
		1600	
UNITS* (Check one item only)		STATE WASTE CODE 220	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		331	
<small>* If EHS, amount must be in pounds.</small>		DAYS ON SITE: 222	
		365	
STORAGE CONTAINER			
<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR			
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER			
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN			
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON		223	
STORAGE PRESSURE			
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		224	
STORAGE TEMPERATURE			
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		225	
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	226	<input type="checkbox"/> Yes <input type="checkbox"/> No 227	228
2	230	<input type="checkbox"/> Yes <input type="checkbox"/> No 231	232
3	234	<input type="checkbox"/> Yes <input type="checkbox"/> No 235	236
4	238	<input type="checkbox"/> Yes <input type="checkbox"/> No 239	240
5	242	<input type="checkbox"/> Yes <input type="checkbox"/> No 243	244
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 245			

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED	REVIEWED BY
DIV	BN	STA	OTHER
		DISTRICT	CUPA
			PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 24 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3	
LONG BEACH GENERATION LLC	
CHEMICAL LOCATION 201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT	
FACILITY ID #	MAP# (optional) 203 GRID# (optional) 204
	1 S

II. CHEMICAL INFORMATION

CHEMICAL NAME 205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206		
NON-RCRA HAZ WASTE LIQUID			
<small>If Subject to EPCRA, refer to instructions</small>			
COMMON NAME 207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208		
WASTE OIL AND WATER			
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs. 210		
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213			
HAZARDOUS MATERIAL TYPE (Check one item only) 211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212 CURIES 215		
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE			
PHYSICAL STATE (Check one item only) 214	LARGEST CONTAINER 55 216		
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS			
FED HAZARD CATEGORIES (Check all that apply) 217	ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220		
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	89990 223		
AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218	DAYS ON SITE: 222		
55 550	365		
UNITS* (Check one item only) 221			
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS			
<small>* If EHS, amount must be in pounds.</small>			
STORAGE CONTAINER 223			
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR			
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER			
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN			
<input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE 224			
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			
STORAGE TEMPERATURE 225			
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC			
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA PA

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

 ADD

 DELETE

 REVISE

REPORTING YEAR 2005

200

Page 25 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										3	
LONG BEACH GENERATION LLC											
CHEMICAL LOCATION						201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)		202		
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FACILITY ID #				MAP# (optional)		203	GRID# (optional)				204
				1		S					

II. CHEMICAL INFORMATION

CHEMICAL NAME					205	TRADE SECRET		206		
NON-RCRA HAZ WASTE LIQUID							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Subject to EPCRA, refer to instructions</small>			
COMMON NAME					207	EHS*		208		
WASTE RINSATE WATER							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)										210
HAZARDOUS MATERIAL TYPE (Check one item only)					211	RADIOACTIVE		212		
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER				215
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS							55			
FED HAZARD CATEGORIES (Check all that apply)										216
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH										
AVERAGE DAILY AMOUNT			MAXIMUM DAILY AMOUNT		217	ANNUAL WASTE AMOUNT		219		
55			550				42550		220	
UNITS* (Check one item only)					221	DAYS ON SITE:				222
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>							123			
STORAGE CONTAINER										223
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON										
STORAGE PRESSURE										224
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT										
STORAGE TEMPERATURE										225
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC										
%WT		HAZARDOUS COMPONENT (For mixture or waste only)				EHS		CAS #		226
1						<input type="checkbox"/> Yes <input type="checkbox"/> No				227
2						<input type="checkbox"/> Yes <input type="checkbox"/> No				228
3						<input type="checkbox"/> Yes <input type="checkbox"/> No				229
4						<input type="checkbox"/> Yes <input type="checkbox"/> No				230
5						<input type="checkbox"/> Yes <input type="checkbox"/> No				231

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY

DATE RECEIVED

REVIEWED BY

DIV

BN

STA

OTHER

DISTRICT

CUPA

PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 26 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										3		
LONG BEACH GENERATION LLC												
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)					202	
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #					1	MAP# (optional)			203	GRID# (optional)		204
						1				S		

II. CHEMICAL INFORMATION

CHEMICAL NAME					205	TRADE SECRET					206			
NON-RCRA HAZ WASTE SOLID						If Subject to EPCRA, refer to instructions								
COMMON NAME					207	EHS*					208			
WASTE SOLID DEBRIS >5<50 PPM PCB's						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.					210			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)												213		
HAZARDOUS MATERIAL TYPE (Check one item only)					211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			212	CURIES			215	
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE														
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER					500			
<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS														
FED HAZARD CATEGORIES (Check all that apply)												216		
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH														
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT			219	STATE WASTE CODE		220
500				1000				2000				261		
UNITS* (Check one item only)					221	DAYS ON SITE:					222			
<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS						365								
* If EHS, amount must be in pounds.														
STORAGE CONTAINER												223		
<input type="checkbox"/> a. ABOVE GROUND TANK			<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM			<input type="checkbox"/> i. FIBER DRUM			<input type="checkbox"/> m. GLASS BOTTLE			<input type="checkbox"/> q. RAIL CAR		
<input type="checkbox"/> b. UNDERGROUND TANK			<input type="checkbox"/> f. CAN			<input type="checkbox"/> j. BAG			<input type="checkbox"/> n. PLASTIC BOTTLE			<input type="checkbox"/> r. OTHER		
<input type="checkbox"/> c. TANK INSIDE BUILDING			<input type="checkbox"/> g. CARBOY			<input type="checkbox"/> k. BOX			<input type="checkbox"/> o. TOTE BIN					
<input checked="" type="checkbox"/> d. STEEL DRUM			<input type="checkbox"/> h. SILO			<input type="checkbox"/> l. CYLINDER			<input type="checkbox"/> p. TANK WAGON					
STORAGE PRESSURE					224	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT								
STORAGE TEMPERATURE					225	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC								
%WT		HAZARDOUS COMPONENT (For mixture or waste only)					EHS		CAS #					
1	226						227	<input type="checkbox"/> Yes <input type="checkbox"/> No		228	229			
2	230						231	<input type="checkbox"/> Yes <input type="checkbox"/> No		232	233			
3	234						235	<input type="checkbox"/> Yes <input type="checkbox"/> No		236	237			
4	238						239	<input type="checkbox"/> Yes <input type="checkbox"/> No		240	241			
5	242						243	<input type="checkbox"/> Yes <input type="checkbox"/> No		244	245			
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.												246		

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY				DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA			

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR 2005 200 Page 27 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3	
LONG BEACH GENERATION LLC	
CHEMICAL LOCATION 201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202
HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT	
FACILITY ID #	MAP# (optional) 203 GRID# (optional) 204
	1 S

II. CHEMICAL INFORMATION

CHEMICAL NAME 205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206
NON-RCRA HAZ WASTE LIQUID	
<small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME 207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210	
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE 211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212 CURIES 213
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214	LARGEST CONTAINER 55 215
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH 216	
AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
55	550 3600 135/343
UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 221	DAYS ON SITE: 222
* If EHS, amount must be in pounds. 365	
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON 223	
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224	
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226		<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230		<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234		<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238		<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242		<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 28 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) LONG BEACH GENERATION LLC		3
CHEMICAL LOCATION HAZARDOUS WASTE STORAGE AREA, NORTHEAST CORNER OF PLANT		202
CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		202
FACILITY ID #	MAP# (optional) 1	GRID# (optional) S
	203	204

II. CHEMICAL INFORMATION

CHEMICAL NAME NON-RCRA HAZ WASTE LIQUID		TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	205
COMMON NAME WASTE SODIUM HYDROXIDE SOLUTION		EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
CAS#		*If EHS is "Yes", all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)		213	
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES	212
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	LARGEST CONTAINER	55	215
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	216		
AVERAGE DAILY AMOUNT 55	MAXIMUM DAILY AMOUNT 110	ANNUAL WASTE AMOUNT 830	STATE WASTE CODE 135
UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE: 365		222
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	223		
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224		
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	225		

%	WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	226		<input type="checkbox"/> Yes <input type="checkbox"/> No	228
2	230		<input type="checkbox"/> Yes <input type="checkbox"/> No	232
3	234		<input type="checkbox"/> Yes <input type="checkbox"/> No	236
4	238		<input type="checkbox"/> Yes <input type="checkbox"/> No	240
5	242		<input type="checkbox"/> Yes <input type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED	REVIEWED BY
DIV	BN	STA	OTHER
		DISTRICT	CUPA
		PA	

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR 2005 200 Page 29 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										3		
LONG BEACH GENERATION LLC												
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)					202	
HAZARDOUS WASTE STORAGE AREA												
FACILITY ID #					1	MAP# (optional)			203	GRID# (optional)		204
					1				S			

II. CHEMICAL INFORMATION

CHEMICAL NAME					205	TRADE SECRET					206										
ELECTROLYTE																					
If Subject to EPCRA, refer to instructions																					
COMMON NAME					207	EHS*					208										
BATTERY ACID																					
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.					210										
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)											213										
HAZARDOUS MATERIAL TYPE (Check one item only)					211	RADIOACTIVE			212	CURIES		215									
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER					216										
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS																					
FED HAZARD CATEGORIES (Check all that apply)						<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH															
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT			219	STATE WASTE CODE		220							
2000				2000																	
UNITS* (Check one item only)						<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS					221	DAYS ON SITE:		222							
						* If EHS, amount must be in pounds.						365									
STORAGE CONTAINER						<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input checked="" type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN BATTERY <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON					223										
STORAGE PRESSURE						<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT					224										
STORAGE TEMPERATURE						<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC					225										
%WT		HAZARDOUS COMPONENT (For mixture or waste only)				EHS		CAS #													
1	29.3	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245
			Sulfuric Acid	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
				<input type="checkbox"/> Yes <input type="checkbox"/> No																	
				<input type="checkbox"/> Yes <input type="checkbox"/> No																	
				<input type="checkbox"/> Yes <input type="checkbox"/> No																	
				<input type="checkbox"/> Yes <input type="checkbox"/> No																	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY				DATE RECEIVED				REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA					

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR 2005 200 Page 30 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) LONG BEACH GENERATION LLC		3
CHEMICAL LOCATION FOUR TANKS INSIDE PLANT BUILDING, NORTHSIDE	201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202
FACILITY ID #	1	MAP# (optional) 203 GRID# (optional) 204 1 N

II. CHEMICAL INFORMATION

CHEMICAL NAME CARBON DIOXIDE	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Subject to EPCRA, refer to instructions</small>	206
COMMON NAME CARDOX	207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
CAS# 124-38-9	209	*If EHS is "Yes", all amounts below must be in lbs.	210
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213			
HAZARDOUS MATERIAL TYPE (Check one item only) <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212
CURIES		215	
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	214	LARGEST CONTAINER	2500
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218
20000		22000	
ANNUAL WASTE AMOUNT		219	
N/A		STATE WASTE CODE	
		N/A	
UNITS* (Check one item only) <input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		221	
* If EHS, amount must be in pounds.		DAYS ON SITE:	
		365	
DRUM CONTAINER <input checked="" type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	223		
STORAGE PRESSURE <input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224		
STORAGE TEMPERATURE <input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input checked="" type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	225		

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED	REVIEWED BY
DIV	BN	STA	OTHER
DISTRICT		CUPA	PA

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

REPORTING YEAR 2005

200

Page 31 of 31

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

3

LONG BEACH GENERATION LLC

CHEMICAL LOCATION

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) YES NO

202

SOUTHWEST CORNER PLANT BUILDING - OUTSIDE

FACILITY ID #

MAP# (optional)

203

GRID# (optional)

204

1

B

II. CHEMICAL INFORMATION

CHEMICAL NAME

205

TRADE SECRET Yes No
If Subject to EPCRA, refer to instructions

206

LIQUID NITROGEN

COMMON NAME

207

EHS* Yes No

208

CAS#

209

*If EHS is "Yes", all amounts below must be in lbs.

210

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

213

HAZARDOUS MATERIAL TYPE (Check one item only)

a. PURE b. MIXTURE c. WASTE

211

RADIOACTIVE Yes No

212

CURIES

215

PHYSICAL STATE (Check one item only)

a. SOLID b. LIQUID c. GAS

214

LARGEST CONTAINER 141265

216

FED HAZARD CATEGORIES (Check all that apply)

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

217

MAXIMUM DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

100,000

141,265

N/A

N/A

UNITS*

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

223

STORAGE PRESSURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

224

STORAGE TEMPERATURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1

226

227

Yes No

228

229

2

230

231

Yes No

232

233

3

234

235

Yes No

236

237

4

238

239

Yes No

240

241

5

242

243

Yes No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

246

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

*Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY

DATE RECEIVED

REVIEWED BY

DIV

BN

STA

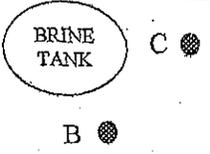
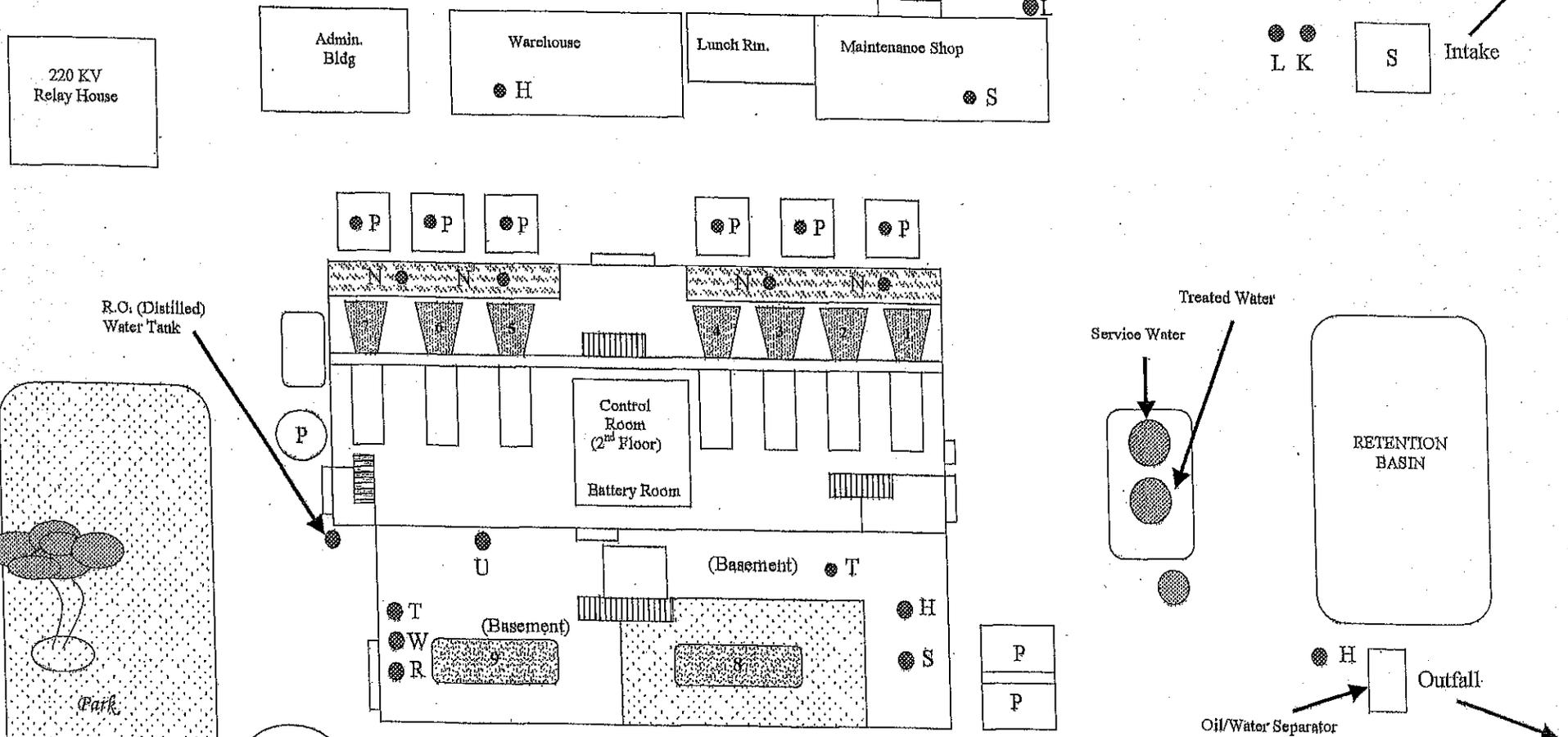
OTHER

DISTRICT

CUPA

PA

Hazardous Materials Storage

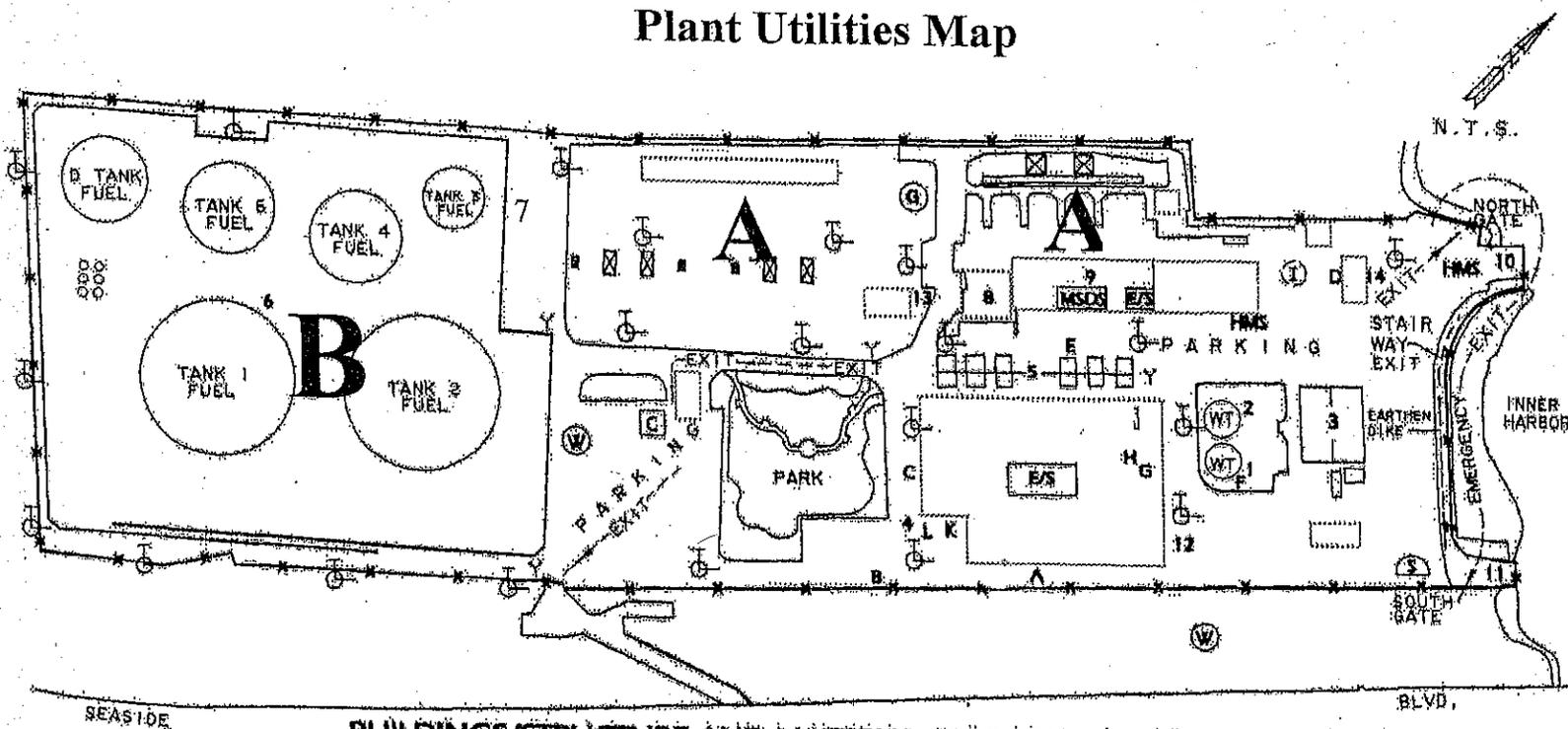


- Legend**
- | | | | |
|------------------------|--------------------|------------------------|--------------------|
| A. Hydrogen* | G. Hydroquinone* | M. Brine* | S. Hazardous Waste |
| B. Nitrogen | H. Lube Oil | N. Cardox | T. Grease |
| C. Sodium Hypochlorite | I. Propane* | O. Eliminox* | U. Calgon |
| D. Aqueous Ammonia* | J. Sulfuric Acid* | P. Mineral Oil | V. Comntect 5000* |
| E. Chelant* | K. Compressed Gas | Q. Zok 27* | W. Simplegreen |
| F. Sodium Hydroxide* | L. Diesel/gasoline | R. Corrosive Inhibitor | |
- *Out of Service**

Long Beach Generation LLC
 2665 West Seaside Blvd
 Long Beach, CA 90208
 Revised: 2/2005

LONG BEACH GENERATION LLC

Plant Utilities Map



BUILDINGS/STRUCTURE AND MATERIAL STORAGE LEGEND

BUILDINGS/STRUCTURE

1. Treated Water Tank*
2. Service Water Tank
3. Retention Basin
4. Distilled Water Tank
5. Transformers
6. Fuel Farm Tanks
7. Fuel Transfer Pumps*
8. Administration Building
9. Warehouse
10. Intake Structure
11. Outfall Structure
12. 8 & 9 Transformers
13. Sewage Sump
14. Hazardous Material Building

MATERIAL STORAGE

- A. Hypochlorite (Bleach) Tank
- B. Hydrogen*, Nitrogen
- C. Hydroquinone*
- D. Acetylene
- E. Cardox
- F. Sulfuric Acid
- G. Oil Dispensing Station
- H. Hazardous Waste Satellite Accumulation area
- I. Gasoline
- K. Chelant*
- L. Caustic Tank*

* Out of service

NOTE:

Areas designated
A belong to Southern CA
Edison

Areas designated
B belong to Pacific Pipeline

NOTE:

- * AIR CONDITIONING CONTROLS AND ELECTRICAL PANEL EXIST THROUGHOUT THE STATIONS
- * HAZARDOUS WASTE IS GENERATED THROUGHOUT THE STATION
- * HMS STANDS FOR HAZARDOUS MATERIALS STORAGE

SYMBOLS:

- FIRE HYDRANT
- INDICATES FIRE DEPARTMENT SPRINKLER CONNECTION
- SEWER
- GAS
- WATER

Long Beach Generation LLC
2665 West Seaside Blvd.
Long Beach, California 90208
562.983.2691
2/2005